

Prenatal HIV Testing

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Inspiring Innovation and Discovery

Thank You

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Lydia

Lydia is a 24 year old woman who arrives at the clinic with her husband for her first prenatal visit. They are both very excited. She has come to this clinic since she was 14. She was married at the age of 20, and this is her first pregnancy. She works as a school teacher. She was not sexually active until married, and has never used recreational drugs.

Some History

- 1981: First cases of AIDS described in USA, soon after in Canada
- 1994: AIDS Clinical Trial Group (ACTG 076) proves Zidovudine (AZT) reduces vertical HIV transmission from 25% to 8%
- 2002: Appropriate use of combination antiretrovirals, Caesarian section and avoiding breast feeding reduces transmission to <2%

Policy Response Ontario

- 1995: consider offering HIV test to pregnant women *at risk* of HIV
- up to 70% of HIV positive women do not report having risk factors
- 1998: Ontario Ministry Health recommends *all* pregnant women be offered voluntary HIV testing, with informed consent.
- Other Support: The Canadian Medical Association, Society of Obstetricians and Gynecologists, and College of Physicians and Surgeons of Ontario

Some Canadian Statistics

- 3-5 HIV pos per 10,000 childbearing women
- 25% of all positive HIV tests are in women
- 425 confirmed HIV positive children attributed to perinatal transmission by 2002 in Canada
- 105 HIV positive infants in Ontario to 2001, 56% of these in women from endemic countries

Why test for HIV in pregnancy?

Because treatment works

Diagnosis of HIV ANYTIME before breastfeeding allows treatment of mother and prevention of HIV in newborn

Are there risks for prenatal HIV testing?

- Negative test: usually no harmful effects
- Positive test: experiences of stigma/discrimination in family, friends, workplace, health care workers, housing situation, etc

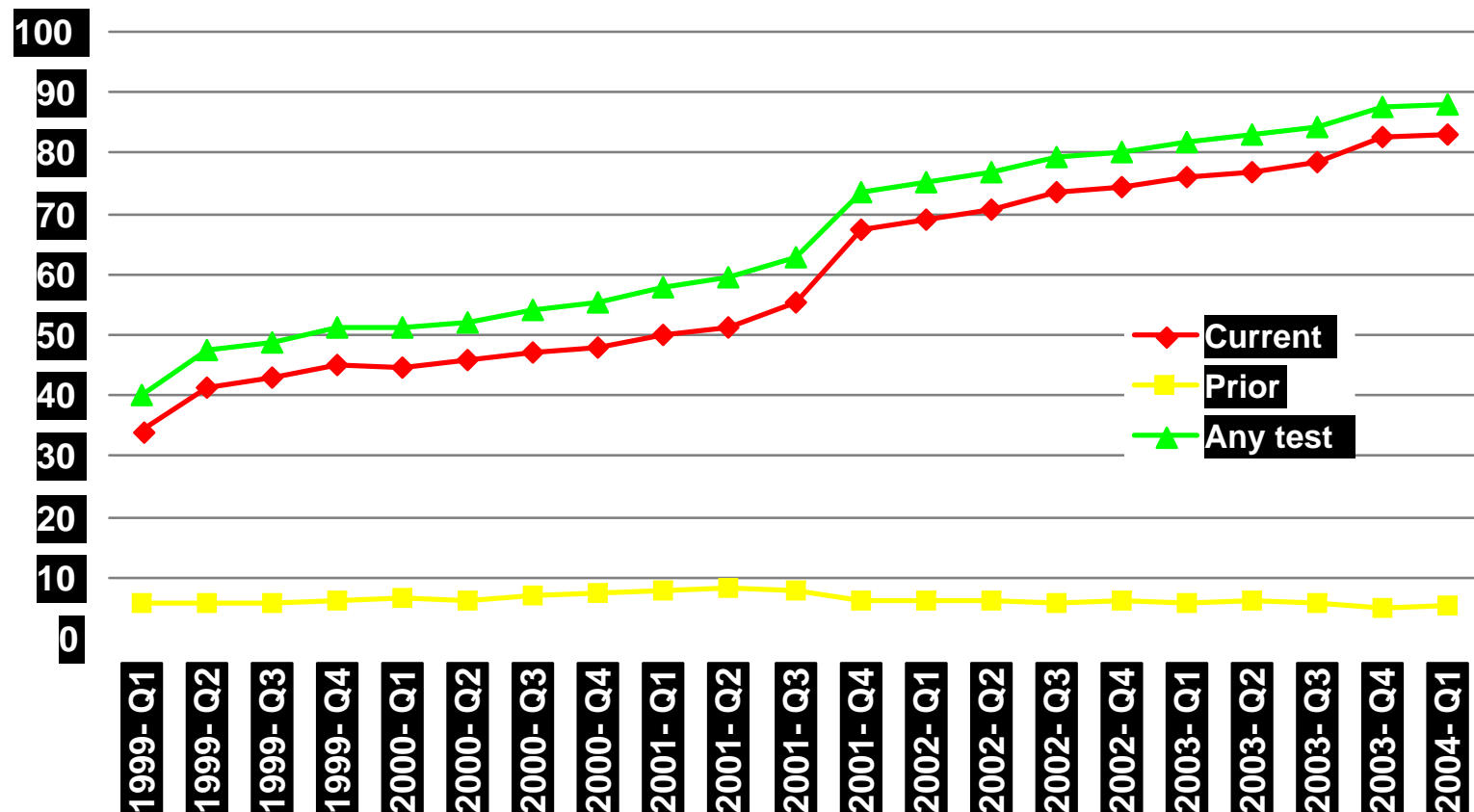
Policies Vary by Province

- *All Provinces:* HIV testing is voluntary
- *All Provinces:* All women offered testing
- *Some Provinces:* The woman consents to test...
(eg. ON, BC, NB, PQ, NS, PEI, YT, SK)
- *Other Provinces:* she must decline testing....
(eg. AB, MB, NT, Newfoundland)

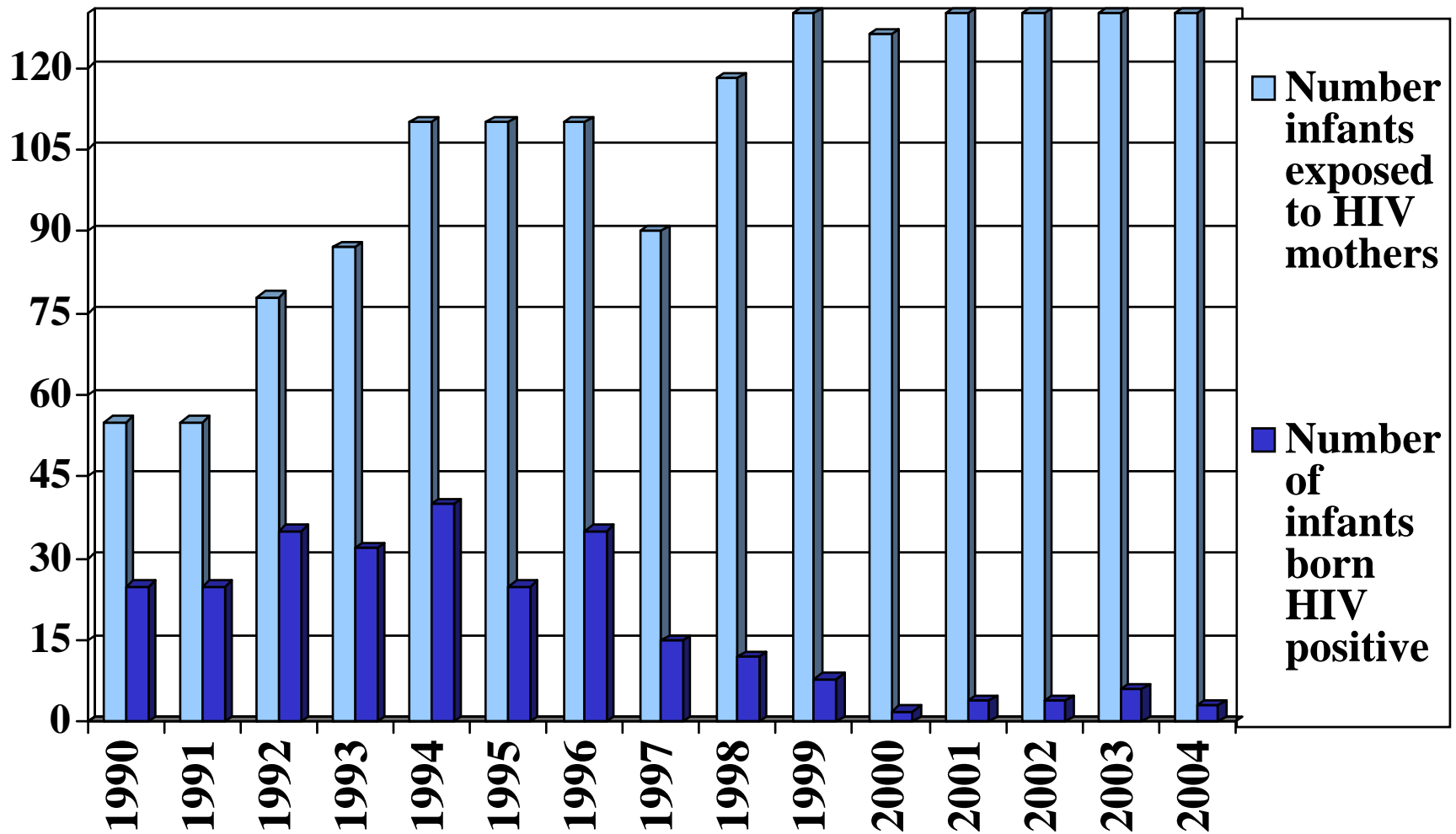
Testing Rates

<i>Province</i>	<i>Time 1</i>	<i>Time 2</i>	
BC	55% tested 1995	80% tested 1999	
AB	4.7% declined 1998	1.5% declined 2000	
MB		60% tested?	
ON	47% tested 1999	86% tested 2005	
NF		94% tested since 1997	“No transm’n since 1994”
NT		100% tested since 2002	

Ontario: HIV Testing Among Pregnancies Jan 1999-Mar 2004



Canada: Infants Exposed to HIV and Born HIV Positive



What Women Experience

- 300 women post-partum Toronto teaching hospitals 2002:
74% recalled provider talking about HIV testing,
72% of these felt they had option to decline
56% “Decision was completely up to me”
- 850 post-partum women Alberta: 48% recalled provider talking about HIV testing
- Most common reason for declining, “I don’t need it, I’m not at risk”

What Providers Experience

Ontario 2000

- 66% think women should have choice about testing (Highest for midwives)
- 85% offer test to all women
- 21% give written information
- Midwives less likely than FD or OB to test
- Midwives provide more information than MDs

The More We Are Informed, The Less We Test

- RCT in the UK of different approaches to prenatal HIV test counselling¹
- Survey in Ontario prenatal care providers²
- Evidence from testing rates in different policy environments
- **higher quality informed consent and greater autonomy lead to lower testing uptake**

1. Simpson WM, Johnstone FD, Boyd FM, Goldberg DJ, Hart GJ, Prescott RJ. Uptake and acceptability of antenatal HIV testing: randomised controlled trial of different methods of offering the test. *BMJ* 1998;**316**:262-7.

2. Guenter D, Kaczorowki J, Carroll J, Sellors J. Prenatal HIV tests: routine testing or informed choice? *Can Fam Physician*. 2003;49:1334-40.

Dilemma:

Does more informed and
autonomous decision-making
compromise the ethical
imperative to save children's
lives?

Summary

- Prenatal HIV testing is now being done for almost all pregnant women in Canada
- “Opt-In” approach ensures that most women feel they have a choice, but testing rates are lower than with “Opt Out” approach
- Fewer children are infected with HIV as a result of prenatal HIV testing

So, Back to Lydia

- The physician feels he knows Lydia well enough that it's unlikely she needs an HIV test. She's a really nice person. Besides, it's such a sensitive issue, she will likely be offended if he asks, and it takes too long to explain. He wonders why he can't just do the HIV test like all the others on the lab sheet...Hepatitis B, Syphilis and Rubella he has always done without asking. What's the big deal with HIV?